


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90096 012 ***150.00

DOCUMENT # P98000108421 1. Entity Name FANIZZI, INC.																																			
Principal Place of Business 3200 N. OCEAN BLVD. # 1108 FORT LAUDERDALE, FL 33308		Mailing Address 3101 N. FEDERAL HWY. SUITE 700 FORT LAUDERDALE, FL 33306																																	
2. Principal Place of Business - No P.O. Box # 4241 W. Tradewinds Ave. Suite, Apt. #, etc.		3. Mailing Address 3101 N. Federal Hwy. Suite, Apt. #, etc. Suite 800																																	
City & State Fort Lauderdale, FL Zip 33308		City & State Fort Lauderdale, FL Zip 33306																																	
4. FEI Number 65-0895426		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent FANIZZI, CHRISTINE 3200 N. OCEAN BLVD. # 1108 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Fanizzi, Christine Street Address (P.O. Box Number is Not Acceptable) 4241 W. Tradewinds Ave. City Fort Lauderdale FL Zip Code 33308																																	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Christine Fanizzi</i></u> Christine Fanizzi <u><i>1-10-08</i></u> 1-10-08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSD FANIZZI, CHRISTINE 3200 N. OCEAN BLVD. #1108 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FANIZZI, CHRISTINE 3200 N. OCEAN BLVD. #1108 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSD Fanizzi, Christine 4241 W. Tradewinds Ave. Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Fanizzi, Christine 4241 W. Tradewinds Ave. Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																			
SIGNATURE: <u><i>Christine Fanizzi</i></u> Christine Fanizzi <u><i>1-10-08</i></u> 1-10-08 <u><i>954-444-7370</i></u> 954-444-7370 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			